

FY2022 NDAA: Care for Anomalous Health Incident Victims

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Background

Since 2016, a number of U.S. diplomatic, military, and intelligence personnel and their family members have reported experiencing a range of unexplained medical symptoms after being potentially exposed to certain auditory or sensory disturbances. The [first reported incidence of these symptoms](#) occurred in late 2016, when a cluster of U.S. government (USG) employees assigned to U.S. Embassy Havana, Cuba, and their families, described experiencing a sudden onset of perceived loud sounds, sensations of head pressure or vibrations, head or ear pain, hearing loss or ringing, dizziness, [unsteady gait](#), visual disturbances, or [cognitive deficit](#). U.S. government employees stationed in other locations (e.g., China, Russia, and United States) have reported similar incidents. The Department of Defense (DOD) and other federal entities refer to these events as “[anomalous health incidents](#)” (AHIs). Other observers refer to these unexplained health effects as “[Havana Syndrome](#).”

To date, the Department of State (DOS) has asked the [U.S. Centers for Disease Control and Prevention](#) and the [National Academies of Science, Engineering, and Medicine](#) to further examine why AHIs occur, who is at-risk, and what the short- and long-term health effects are. Their findings have informed ongoing inquiries by DOS, DOD, the Intelligence Community, and other federal entities as they continue to investigate AHIs through numerous interagency efforts (e.g., [Health Incidents Response Task Force](#), [Joint Intelligence Community Council](#)).

Certain USG departments and agencies have established medical screening and referral programs to assist AHI-affected individuals. For example, the [DOS Bureau of Medical Services](#) conducts “localized screening at posts of concern” and supports affected DOS employees with a “Care Coordination Team.” Other AHI-affected individuals (e.g., other USG employees or family members) may seek care that could be covered by other health payers (e.g., Federal Employees Health Benefits program, TRICARE, Veterans Health Administration, or private health insurance).

Congress recently enacted several bills to assist AHI-affected individuals with accessing federal health care services and disability compensation, including

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IN11850

- Helping American Victims Afflicted by Neurological Attacks (HAVANA) Act of 2021 (P.L. 117-46);
- Section 1110 of the Fiscal Year (FY) 2021 William M. (Mac) Thornberry National Defense Authorization Act (NDAA; P.L. 116-283); and
- Sections 901 and 7019(e) of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94).

Table 1 lists the proposed and enacted AHI-related health care provisions included in the FY2022 National Defense Authorization Act (NDAA; P.L. 117-81).

Table 1. FY2022 NDAA Legislative Proposals

House-Passed H.R. 4350	Senate Armed Services Committee-Reported S. 2792	Enacted Legislation (P.L. 117-81)
No related provision.	Section 741 would have directed the Secretary of Defense (SECDEF) to provide U.S. Government (USG) employees and their family members who are AHI victims, access to medical assessment and treatment at the National Intrepid Center of Excellence, Intrepid Spirit Centers, or other appropriate military treatment facility (MTF) on a space-available basis. The provision would also require the DOD Trauma Registry to include demographic and clinical information of AHI victims assessed or treated at an MTF.	Section 732 adopts the Senate provision.
Section 722 would have required DOD to establish a “cross-functional team” to (1) address the national security challenges posed by AHIs, and (2) ensure AHI victims receive care through the Military Health System or other DOD health program.	No related provision.	Section 910 adopts the House provision with an amendment that makes technical and conforming changes.
Section 4501 would have authorized \$114.9 million, in the Defense Health Program account, “Consolidated Health Support” SAG/BLI, for AHI-related care.	Section 4501 would authorize \$30.0 million, in the Defense Health Program account, “In-House Care” Sub-Activity Group/Budget Line Item (SAG/BLI), for AHI-related care.	Section 4501 authorizes \$30.0 million, in the Defense Health Program account, “Consolidated Health Support” SAG/BLI, for AHI-related care.
Section 746 would have required SECDEF to brief certain congressional committees, no later than March 1, 2022, on AHIs affecting servicemembers and DOD civilian employees, related force health protection measures, DOD engagements with other federal entities, and recommendations for improving identification and reporting of AHIs.	Section 1053 would have required SECDEF to brief the congressional defense committees on DOD efforts to address AHIs. The briefings would have been required every 90 days for a period of two years.	Not adopted.

Source: CRS analysis of H.R. 4350, S. 2792, and P.L. 117-81.

Note: AHI-related provisions unrelated to health care (i.e., Section 6603 of the enacted bill) are not included in this table.

Discussion

Chapter 55 of Title 10, U.S. Code authorizes [TRICARE beneficiaries](#) (i.e., servicemembers, military retirees, and their family members) as those eligible to receive health care in [MTFs](#). Nonbeneficiaries (e.g., DOD civilian employees, DOD contractors, or other individuals) may receive limited MTF care when authorized in statute or regulation. Section 732 of the enacted bill adopts Senate Section 741, and requires SECDEF to provide certain USG employees and their families experiencing AHI symptoms with access to medical assessments and care, on a space-available basis, at the [National Intrepid Center of Excellence](#), an [Intrepid Spirit Center](#), or an appropriate MTF. The provision requires SECDEF to develop a process, within 60 days after enactment, and in coordination with other relevant federal agencies, that ensures eligible USG employees and their families may access DOD care in a timely manner. This section also requires a modification to the [DOD Joint Trauma Registry](#) to include demographic, condition-producing event, diagnosis, treatment, and outcome data of individuals assessed or treated at DOD medical facilities for AHI-related symptoms.

Section 4501 of the enacted bill authorizes \$30 million in the “Consolidated Health Support” SAG/BLI of the [Defense Health Program subaccount](#) for “anomalous health incidents care capacity.”

Section 910 of the enacted bill adopts House Section 722, and requires DOD to establish a [cross-functional team](#) (CFT) to address the national security challenges posed by AHIs and ensure that individuals entitled to DOD health care receive timely access to treatment for AHI-related symptoms. The provision requires SECDEF to select an Under Secretary of Defense to lead the CFT, with a senior military officer as the team’s deputy. CFT duties include assisting SECDEF with addressing AHI challenges, integrating DOD efforts with those of the interagency, and other efforts as determined necessary by the Secretary. The provision requires SECDEF to provide an initial briefing to the congressional defense and intelligence committees, no later than 45 days after enactment, on the progress toward establishing the CFT, the team’s roles and responsibilities, and efforts made to address its duties. Beginning in March 2022 and every 60 days thereafter for a one-year period, SECDEF is also required to brief the congressional committees on the Department’s AHI-related efforts.

House Section 746 and Senate Section 1053 were not adopted in the enacted bill. The House provision would have required DOD to brief certain congressional committees on AHIs affecting servicemembers and DOD civilians, efforts to protect those individuals, and interagency engagements on this topic. The Senate provision would have required DOD to brief the congressional defense committees, on a quarterly-basis, on efforts to investigate, attribute, and mitigate AHIs, as well as the process to ensure timely assessment and treatment of USG personnel affected by AHIs. In the [Joint Explanatory Statement](#) accompanying the FY2022 NDAA, the conferees stated that while this issue is addressed in other provisions of the bill, they emphasize the importance of regular engagements with the Armed Services Committees “regarding the threat posed by anomalous health incidents and efforts to ensure prompt medical care for those affected by such incidents.”

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